
NHATS Round 1

Section FQ [FACILITY STAFF QUESTIONNAIRE]

Sequence: 48

FQ1PRE FQ1PRE NOT ON FILE

QUESTION TEXT

YOU HAVE SELECTED THE FACILITY STAFF QUESTIONNAIRE (FQ) FOR CASE {CASE ID}, {SP}

IF THIS IS CORRECT, PRESS 1 AND ENTER TO CONTINUE

TO SELECT ANOTHER CASE, BREAKOFF AND SELECT THE CORRECT CASE ID FROM THE IMS

FQ1Consent FQ1Consent NOT ON FILE

QUESTION TEXT:

During the course of the study, we would like to record some of the questions and answers for training and data quality. I'd like to continue now unless you have any questions.

PRESS 1 AND ENTER TO CONTINUE

IF RESPONDENT REFUSES TO ALLOW AUDIO RECORDING, PRESS 7 AND ENTER.

CODES

1	CONSENT TO RECORDING	FQ1a
7	REFUSE CONSENT TO RECORD	

FQ1NotRec FQ1NotRecord NOT ON FILE

QUESTION TEXT:

That's fine. The interview will not be recorded.

PRESS 1 AND ENTER TO CONTINUE.

FQ1a FQ1a NOT ON FILE

DISPLAY INSTRUCTIONS:

Display "FIRST" in bold underlined text.
Display FQ1a and FQ1b on the same screen.

QUESTION TEXT:

First, I would like to confirm your name and contact information.

What is your name?

ENTER FIRST NAME. CONFIRM SPELLING.

ENTER TEXT

Length 25

FQ1b

FQ1b

NOT ON FILE

DISPLAY INSTRUCTIONS:

Display "LAST" in bold underlined text.
Display FQ1a and FQ1b on the same screen.

QUESTION TEXT:

ENTER LAST NAME. CONFIRM SPELLING.

ENTER TEXT

Length

25

FQ2

FQ2

NOT ON FILE

QUESTION TEXT:

What is your job title?

ENTER TEXT

Length

50

FQ3a

FQ3a

NOT ON FILE

DISPLAY INSTRUCTIONS:

Display FQ3a, 3b, 3c, 3d, and 3e on the same screen.
Display "address" as underlined text.

QUESTION TEXT:

What is the mailing address here?

CONFIRM SPELLING

ENTER TEXT

Length

25

FQ3b

FQ3b

NOT ON FILE

DISPLAY INSTRUCTIONS:

Display FQ3a, 3b, 3c, 3d, and 3e on the same screen.
Display "address" as underlined text.

QUESTION TEXT:

[What is the mailing address here?]

CONFIRM SPELLING

IF NO APT/SUITE NUMBER, PRESS ENTER TO CONTINUE

ENTER TEXT

Length

25

PROGRAMMER INSTRUCTIONS:

Allow empty

FQ3c

fq1facadcity

R1 FQ3C FAC ADDRESS CITY

DISPLAY INSTRUCTIONS:

Display FQ3a, 3b, 3c, 3d, and 3e on the same screen.
Display "city" as underlined text.

QUESTION TEXT:

[What is the city?]

CONFIRM SPELLING

ENTER TEXT

Length

25

FQ3d

fq1facadstat

R1 FQ3D FACIL ADDRESS STATE

DISPLAY INSTRUCTIONS:

Display FQ3a, 3b, 3c, 3d, and 3e on the same screen.
Display "state" as underlined text.

QUESTION TEXT:

[What is the state?]

TYPE THE FIRST LETTER OF THE STATE, THEN USE ARROW KEYS IF NEEDED TO LOCATE STATE, AND PRESS ENTER TO SELECT

PROGRAMMER INSTRUCTIONS:

Use lookup file of state names.

FQ3e

fq1facaddzip

R1 FQ3E FAC ADDRESS ZIP CODE

DISPLAY INSTRUCTIONS:

Display FQ3a, 3b, 3c, 3d, and 3e on the same screen.
Display "zip code" as underlined text.

QUESTION TEXT:

[What is the zip code]

ENTER A 5-DIGIT ZIP CODE

ENTER TEXT

Length

5

PROGRAMMER INSTRUCTIONS:

5-digit entry required. If less than 5 digits entered, display Error Message #11.

FQ4

FQ4

NOT ON FILE

QUESTION TEXT:

What is your email address here?

ENTER 97 IF NO EMAIL ADDRESS

ENTER TEXT

Length
REFUSED

50

FQ5

FQ5

NOT ON FILE

DISPLAY INSTRUCTIONS:

Display "whole" as bold underlined text.

QUESTION TEXT:

What is the name of this place? If there are different names for certain parts or levels of care in this place, please tell me the name for the whole place.

ENTER TEXT

Length

75

FQ6

fq1dfacdesc

R1 FQ6 FACILITY TYPE

DISPLAY INSTRUCTIONS:

Display text from FQ5 as FACILITY NAME.
Display "whole" as underlined text.

QUESTION TEXT:

SHOW CARD FQ1

Now I'm going to show you a list of places.

Which of these BEST describes {FACILITY NAME FROM FQ5}? Again, if there are different parts or levels of care in this place, please tell me about the whole place.

PRESS F1 FOR HELP SCREEN.

CODES

1	FREE STANDING NURSING HOME	FQ15
2	FREE STANDING ASSISTED LIVING FACILITY	FQ7
3	NURSING HOME AND ASSISTED LIVING FACILITY	FQ7
4	CONTINUING CARE RETIREMENT COMMUNITY (CCRC)	FQ7
5	ADULT FAMILY CARE HOME	FQ15
6	GROUP HOME	FQ15
7	BOARD AND CARE HOME	FQ15
8	RETIREMENT COMMUNITY OR SENIOR HOUSING (NOT CCRC)	FQ7
91	OTHER (SPECIFY)	
	REFUSED	FQ7
	DON'T KNOW	FQ7

FQ6a

fq1dosfacd

R1 FQ6A OTHER SPECIFY FAC TYPE

QUESTION TEXT:

SPECIFY TYPE OF PLACE

ENTER TEXT

Length

50

FQ7

FQ7

NOT ON FILE

QUESTION TEXT:

Next, I need to confirm where {SP} is living.

PRESS 1 AND ENTER TO CONTINUE

FQ8

fq1prtlivnam

R1 FQ8 FAC NM DIFF4PLC SP LIVES

QUESTION TEXT:

Does the part of {PLACE NAME FROM FQ5} in which {SP} lives have a different name?

CODES

1	YES	
2	NO	FQ10
	REFUSED	FQ10
	DON'T KNOW	FQ10

FQ9

FQ9

NOT ON FILE

QUESTION TEXT:

What is the name of {SP}'s area?

ENTER TEXT

Length

50

FQ10

fq1dfacarea

R1 FQ10 FACILITY AREA SP LIVES

QUESTION TEXT:

Is the place where {SP} lives considered independent living, assisted living, a special care unit, a nursing home care unit, or something else?

CODES

1	INDEPENDENT LIVING	FQ12
2	ASSISTED LIVING	FQ12
3	SPECIAL CARE, MEMORY CARE, OR ALZHEIMER'S UNIT	FQ11
4	NURSING HOME	FQ12
91	OTHER (SPECIFY)	

REFUSED
DON'T KNOW

FQ12
FQ12

FQ10a

fq1dosfaca

R1 FQ10A OTHER SPECIFY FAC AREA

QUESTION TEXT:

SPECIFY OTHER TYPE OF PLACE

ENTER TEXT

Length

50

PROGRAMMER INSTRUCTIONS:

Go to FQ12

FQ11

fq1assdnrsng

R1 FQ11 ASSIST LIV OR NURSG HOME

QUESTION TEXT:

Is this special care unit part of an assisted living facility or is it part of a nursing home?

CODES

1	ASSISTED LIVING
2	NURSING HOME
	REFUSED
	DON'T KNOW

FQ12

fq1othrlevs

R1 FQ12 OTH LEVELS OF CARE AVAIL

QUESTION TEXT:

Besides where {SP} lives, are there other levels of care available at {PLACE NAME FROM FQ5} such as independent living, assisted living, a special care unit, or a nursing home care unit?

CODES

1	YES	FQ13
2	NO	FQ15
	REFUSED	FQ15
	DON'T KNOW	FQ15

FQ13

fq1whotlev1

R1 FQ13 INDEPNDNT LIV CARE AVAIL

fq1whotlev2

R1 FQ13 ASSISTED LVNG CARE AVAIL

fq1whotlev3

R1 FQ13 ALZHEIMER CARE AVAIL

fq1whotlev4

R1 FQ13 NURSING HOME CARE AVAIL

fq1whotlev5

R1 FQ13 OTHR SPECIFY CARE AVAIL

QUESTION TEXT:

What other levels of care are available?

SELECT ALL THAT APPLY

CODES

1	INDEPENDENT LIVING	FQ15
2	ASSISTED LIVING	FQ15
3	SPECIAL CARE, MEMORY CARE, OR ALZHEIMER'S UNIT	FQ15
4	NURSING HOME	FQ15
91	OTHER (SPECIFY)	
	REFUSED	FQ15
	DON'T KNOW	FQ15

FQ13a

FQ13a

NOT ON FILE

QUESTION TEXT:

SPECIFY OTHER LEVELS OF CARE

ENTER TEXT

Length

50

FQ15

fq1servaval1

R1 FQ15 MEALS AVAIL

fq1servaval2

R1 FQ15 HELP WITH MEDS AVAIL

fq1servaval3

R1 FQ15 HELP W BATH DRESS AVAIL

fq1servaval4

R1 FQ15 LAUNDRY SERVCS AVAIL

fq1servaval5

R1 FQ15 HOUSEKEEPING SERV AVAIL

fq1servaval6

R1 FQ15 TRANSPRT MED CARE PROV

fq1servaval7

R1 FQ15 TRANSPRT TO STORE EVENT

fq1servaval8

R1 FQ15 RECREATIONAL FAC AVAIL

fq1servaval9

R1 FQ15 SOCIAL EVENTS AVAIL

DISPLAY INSTRUCTIONS:

Use "Same Question Stem" display

If at FQ15a, do not display question text in brackets.
Otherwise, display question text in brackets.

Display "at {SP}'s current level of care" and "offered" as bold underlined text.

QUESTION TEXT:

SHOW CARD FQ2

{{}}We are interested in the services that are available to people at {SP}'s current level of care. Please look at this list. {{}}

{{}}For each service, please tell me if the service is offered to people at {SP}'s level of care. If the service is offered, please also indicate whether it is part of {SP}'s package of services provided by {PLACE NAME from FQ5} or if there is an extra charge for it. {{}}

{variable text [a-i]}

RESPONSE [1] a. Meals (in common dining areas or in resident's own rooms)?

RESPONSE [2] b. Help with medications?

RESPONSE [3] c. Help with bathing and dressing?

RESPONSE [4] d. Laundry services for linens or clothing?
 RESPONSE [5] e. Housekeeping services?
 RESPONSE [6] f. A van or shuttle to doctors or other medical care providers?
 RESPONSE [7] g. A van or shuttle to stores or events like concerts?
 RESPONSE [8] h. Recreational facilities, like swimming pools, game rooms, or tennis courts, for residents?
 RESPONSE [9] i. Organized social events and activities?

CODES

- 1 YES, SERVICE PROVIDED AS PART OF PACKAGE
- 2 YES, SERVICE PROVIDED AT AN EXTRA CHARGE
- 3 NO, SERVICE NOT PROVIDED
- REFUSED
- DON'T KNOW

PROGRAMMER INSTRUCTIONS:

Array the responses and Variable text columns in the panel.
 Display 'variable text' in the a-i sequence until all rows have been displayed.

FQ16PRE

FQ16PRE

NOT ON FILE

QUESTION TEXT:

These next questions are about the sources of payment for {SP}'s care.

PRESS 1 AND ENTER TO CONTINUE

FQ16

- fq1paysourc1**
- fq1paysourc2**
- fq1paysourc3**
- fq1paysourc4**
- fq1paysourc5**
- fq1paysourc6**

- R1 FQ16 SP OR SP FAMILY PAYMENT
- R1 FQ16 SOC SEC SSI PAYMENT
- R1 FQ16 MEDICAID PAYMENT
- R1 FQ16 MEDICARE PAYMENT
- R1 FQ16 PRIVATE INSURANCE PAYMNT
- R1 FQ16 OTHR GOVT PAYMENT

DISPLAY INSTRUCTIONS:

Use "Same Question Stem" display

If at FQ16a, do not display question text in brackets.

Otherwise, display question text in brackets.

If FQ6= 1 (FREE STANDING NURSING HOME) or FQ10=4 (NURSING HOME), OR FQ11=2 (NURSING HOME), display FQ16d {Medicare}.

Display dollar amounts using commas to separate zeroes.

QUESTION TEXT:

SHOW CARD FQ3

{{}}In the last billing month for which you have complete payment information, what did each of these sources pay for {SP}'s care?{{}}

{{}}For each one, please tell me the total amount paid by each source for this part of {SP}'s care.{{}}

ENTER DOLLAR AMOUNT

ENTER ZERO IF NO PAYMENT FROM SOURCE.

{variable text [a-f]}

RESPONSE [1] a. SP OR SP'S FAMILY

RESPONSE [2] b. SOCIAL SECURITY OR SSI

RESPONSE [3] c. MEDICAID

RESPONSE [4] d. MEDICARE

RESPONSE [5] e. PRIVATE INSURANCE

RESPONSE [6] f. OTHER GOVERNMENT SOURCE (VA, STATE, COUNTY)

ENTER NUMBER

Range	0 to 26000
Soft Range	0 to 10000
REFUSED	
DON'T KNOW	

PROGRAMMER INSTRUCTIONS:

Array the responses and Variable text columns in the panel.
Display 'variable text' in the a-f sequence until all rows have been displayed.

Hard range error 13 "VALUE OUT OF RANGE. VERIFY WITH RESPONDENT AND RE-ENTER ANSWER."
Soft range error "UNLIKELY RESPONSE - PLEASE VERIFY WITH RESPONDENT. SUPPRESS TO ACCEPT RESPONSE AND CONTINUE. OTHERWISE, CLOSE TO RE-ENTER ANSWER."

BOX FQ17

BOXFQ17

NOT ON FILE

If DK or RF entered at FQ16 for any amount category, go to FQ19.

Otherwise, go to FQ17.

FQ17

fq1totalpaym

R1 FQ17 TOTAL PAYMENT FOR CARE

DISPLAY INSTRUCTIONS:

Display dollar amounts using commas to separate zeroes.

QUESTION TEXT:

That adds up to {TOTAL AMOUNT CALCULATED FROM FQ16}.

Is that the total monthly payment for {SP}'s care?

CODES

1	YES	FQ19
2	NO	
	REFUSED	FQ19
	DON'T KNOW	FQ19

FQ18

fq1tmnthlyamt

R1 FQ18 TOT MTHLY AMT FOR CARE

DISPLAY INSTRUCTIONS:

Display dollar amounts using commas to separate zeroes.

QUESTION TEXT:

What is the (approximate) total monthly amount for {SP}'s care?

ENTER AMOUNT

ENTER NUMBER

Range 0 to 26000
REFUSED
DON'T KNOW

FQ19

fq1primpayer

R1 FQ19 PRIMARY PAYER FOR CARE

DISPLAY INSTRUCTIONS:

If FQ6= 1 (FREE STANDING NURSING HOME) or FQ10=4 (NURSING HOME), OR FQ11=2 (NURSING HOME), display {Medicare,} and response category 4.

QUESTION TEXT:

Would you say the primary payer for {SP}'s care is {SP} or {his/her} family, Social Security, Medicaid, {Medicare,} or some other source?

CODES

1	SP/FAMILY	FQ21
2	SOCIAL SECURITY/SSI	FQ21
3	MEDICAID	FQ21
4	MEDICARE	FQ21
5	OTHER SOURCE	
	REFUSED	FQ21
	DON'T KNOW	FQ21

FQ20

fq1govsource

R1 FQ20 GOVERNMENT SOURCE

QUESTION TEXT:

Is that a government source?

CODES

1	YES
2	NO
	REFUSED
	DON'T KNOW

FQ21

FQ21

NOT ON FILE

YOU HAVE COMPLETED THE FACILITY STAFF QUESTIONNAIRE. THANK RESPONDENT.

PRESS 1 AND ENTER TO CONTINUE

FQ22

FQ22

NOT ON FILE

DISPLAY INSTRUCTIONS:

If FQ6 = 1 or [(FQ6 = 2 or 3 or 4 or 8 or 91 or DK or RF) and FQ10 = 4] or FQ11 = 2, set FACILITY TYPE flag = 1

(NURSING HOME), and display "SP HAS BEEN IDENTIFIED AS LIVING IN A NURSING HOME. NO ADDITIONAL DATA COLLECTION REQUIRED FOR THIS CASE."

QUESTION TEXT:

{SP HAS BEEN IDENTIFIED AS LIVING IN A NURSING HOME.
NO ADDITIONAL DATA COLLECTION REQUIRED FOR THIS CASE.}
PRESS 1 AND ENTER TO RETURN TO IMS SCREEN

PROGRAMMER INSTRUCTIONS:

If FQ8=1 (YES), FACILITY NAME = text from FQ9.

Else FACILITY NAME = text from FQ5.

Write FACILITY NAME to Management file for use in the NHATS Int task and the IRQ.

If FQ6 = 1 or [(FQ6 = 2 or 3 or 4 or 8 or 91 or RF or DK) and FQ10 = 4] or FQ11 = 2, set FACILITY TYPE flag = 1 (NURSING HOME)

If FACILITY TYPE flag = 1 (NURSING HOME), set NHATS Int Task=code 24 (FINAL NOT REQUIRED) and Stroop Task=code 24 (FINAL NOT REQUIRED) and set the final case status to code 61, "Complete, NH Facility".

If FQ11 = 1, set FACILITY TYPE flag = 2 (OTHER FACILITY)

If FQ6 = 5 or 6 or 7, set FACILITY TYPE flag = 2 (OTHER FACILITY)

If [(FQ6 = 2 or 3 or 4 or 8 or 91 or RF or DK) AND (FQ10 = 1 or 2 or 91)] OR [(FQ6 = 2 or 3 or 4 or 8 or 91 or RF or DK) AND FQ10 = 3 AND (FQ11 = DK or RF)] OR [(FQ6 = 2 or 3 or 4 or 8 or 91) AND (FQ10 = RF or DK)], set FACILITY TYPE flag = 2 (OTHER FACILITY)

If FACILITY TYPE flag = 1 or 2, set FACILITY flag = 1 (YES)

Write FACILITY TYPE flag and FACILITY flag to Management file for use in the NHATS Int task and the IRQ.

Our records indicate the information below for {SP FIRST NAME} {SP MIDDLE NAME} {SP LAST NAME}.

If this information is INCORRECT, please fill in the correct information below and return this letter to Westat in the enclosed postage-paid return envelope. If this information is CORRECT, you do not need to return this letter.

Corrected information:

Date of Birth: {DOB} _____

Gender: {Gender} _____

Race: {Race} _____

Derived Variables from the FQ Section

fq1dllocsp

R1 D FQ6 6A 10 10A FOR SAMP WGT